

TRAINING REGISTRATION

STD. 697 (REV. 12-97) DISK VERSION

INSTRUCTIONS: This form is to be used to enroll employees in training. Please complete all "unlocked" sections of this form and mail or fax it to the appropriate training provider. If you are uncertain about any item, please contact the appropriate training provider for clarification. With a pen, please check the appropriate training provider below.

<input type="checkbox"/> State EDP Education Program (SEEP) - IMS C-39 DEPARTMENT OF GENERAL SERVICES 1500 5th Street, Suite 101 Sacramento, CA 95814 (916) 445-0397, CALNET 8-485-0397 FAX (916) 323-3071	<input type="checkbox"/> State Training Center (STC) - IMS G-2 DEPARTMENT OF PERSONNEL ADMINISTRATION 1515 "S" Street, North Bldg., Suite 105 Sacramento, CA 95814 (916) 445-5121, CALNET 8-485-5121 FAX (916) 324-4050	<input type="checkbox"/> Office of Statewide Continuous Improvement (Same address as STC) <input type="checkbox"/> OTHER
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PRIVACY STATEMENT: Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL 93-579). If provided, the Social Security Number may be used by departments to maintain records on training requested and attended by employees.

SECTION I PARTICIPANT INFORMATION				Prepaid IAA#:	
Participant's Name, Dept, Division, Address, City/State/ZIP			IMS CODE	CBID	CUSTOMER CODE
NAME					
DEPARTMENT				CLASSIFICATION	SSN
DIVISION					
ADDRESS				E-MAIL ADDRESS (Internet, Office Vision, etc.)	
CITY, STATE ZIP					
DISABILITY ACCOMMODATION REQUIRED (Auditory, Mobility, Visual, Other)				TELEPHONE NUMBER	FAX NUMBER

SECTION II COURSE INFORMATION	
COURSE TITLE (Include number, if appropriate)	Tuition Amount

SECTION NUMBER			TRAINING CENTER USE ONLY	
I would like to attend	Section	Dates		
1st Choice			<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed <input type="checkbox"/> Did Not Show <input type="checkbox"/> Late Cancel	
2nd Choice				
3rd Choice				
<-Check here to enroll in the next available session. (Do not enter dates above. Provider will enter dates for you).				

CONFIRMATION OF ENROLLMENT: A confirmation letter will be mailed or faxed to the person named above 10 days before the class with details about the class location, times and dates. We will also tell you about any special materials you should bring to the first class. If you have not received a notification letter within 5 working days prior to the scheduled first day of class, we encourage you to contact the appropriate training provider to see if you have been officially enrolled into the class.

BILLING INFORMATION: The State Training Center requires payment by the first day of the course. Checks should be made payable to the State Training Center. If arrangements have been made for billing, indicate the interagency agreement number in the space indicated above.

NOTE: The person listed below will receive confirmation of the participant's enrollment. This person is responsible for notifying the appropriate training provider if the participant needs disability accommodation or if the participant must cancel or reschedule the enrollment.

CANCELLATIONS, SUBSTITUTIONS, NO-SHOWS - STATE EDP EDUCATION PROGRAM (SEEP): Despite your best intention to attend our training, we know last minute job requirements may affect your enrollment. SEEP offers you the flexibility to cancel enrollment with no financial penalty up to 10 working days prior to the scheduled class start date. If cancellation occurs within the 10 working day period, we offer the option of transferring your enrollment to another student or transferring you to another class date. **Credits expire after 60 days.**

CANCELLATIONS, SUBSTITUTIONS, NO-SHOWS - STATE TRAINING CENTER (STC): If you are unable to attend class, contact the training coordinator named below to either find a substitute or to cancel the registration. If you must cancel, your training coordinator must contact the State Training Center more than 10 working days before the first day of the class to avoid a \$25 late cancellation charge. The full tuition will be charged if you neither attend the class nor cancel the registration.

SECTION III BILLING INFORMATION			
AUTHORIZED SIGNATURE		DATE	TELEPHONE NUMBER
			FAX NUMBER
NAME		IMS CODE	E-MAIL ADDRESS (Internet, Office Vision, etc.)
DEPARTMENT			
DIVISION			
ADDRESS			
CITY, STATE ZIP			FOR ADDITIONAL INFORMATION, CONTACT Training Coordinator Name & Phone (if different from person named at left):

TRAINING REQUEST

STD. 697 Reverse (REV. 9-95) DISK VERSION

CANCELLATIONS/SUBSTITUTIONS/NO-SHOWS

STATE EDP/EDUCATION PROGRAM (SEEP): Despite your best intention to attend our training, we know last minute job requirements may affect your enrollment. SEEP offers you the flexibility to cancel enrollment with no financial penalty up to 10 working days prior to the scheduled class start date. If cancellation occurs within the 10 working day period, we offer the option of transferring your enrollment to another student or transferring you to another class date. Credits expire after 60 days.

STATE TRAINING CENTER: If you are unable to attend this class, contact your Training Coordinator to either find a substitute or to cancel the registration. If you must cancel, your Training Coordinator must contact the State Training Center more than 10 working days before the first day of the class to avoid a \$25 late cancellation charge. The full tuition will be charged if you neither attend the class nor cancel the registration.

OFFICE OF STATEWIDE CONTINUOUS IMPROVEMENT: Prepayment is requested at the time of registration. Checks should be made payable to Office of Statewide Continuous Improvement. Requests to cancel must be received more than 10 working days prior to the scheduled event. Otherwise, the full tuition will be charged. You are encouraged to send a substitute if you are unable to attend.

FOR IN-HOUSE USE			
TRAINING CATEGORY		TRAINING TYPE	
<input type="checkbox"/> JOB REQUIRED <input type="checkbox"/> JOB RELATED <input type="checkbox"/> UPWARD MOBILITY <input type="checkbox"/> CAREER DEVELOPMENT		<input type="checkbox"/> COMPUTER <input type="checkbox"/> SUPERVISORY <input type="checkbox"/> ALL OTHER <input type="checkbox"/> IN-SERVICE <input type="checkbox"/> OUT-SERVICE <input type="checkbox"/> Enrolled by phone <input type="checkbox"/> Not enrolled. Training Office to mail check and registration form.	
COST AND BILLING INFORMATION		ADDITIONAL INFORMATION/JUSTIFICATION	
Registration Fees \$ _____			
Books/Supplies \$ _____			
Travel/Per Diem \$ _____			
TOTAL \$ _____			
MAKE CHECK PAYABLE TO			
UNIT NAME			
UNIT TELEPHONE NUMBER ()	EMPLOYEE'S TELEPHONE NUMBER ()		
APPROVALS (as needed)			
EMPLOYEE'S SIGNATURE		ACCOUNTING OFFICER'S SIGNATURE	
SUPERVISOR'S SIGNATURE		DIVISION CHIEF'S SIGNATURE	
TRAINING COORDINATOR'S SIGNATURE		TRAINING OFFICER'S SIGNATURE	